



STATE OF OHIO
DEPARTMENT OF TAXATION

JOSEPH W. TESTA, Franklin County Auditor

FOR USE OF THE
DEPARTMENT OF TAXATION

Customer ID#: _____

Name: _____

DBA (i.e. Trade Name): _____

Mailing Address: _____

APPLICATION FOR

**RETAIL CIGARETTE
DEALER'S LICENSE**

STREET ADDRESS

CITY

STATE

ZIP CODE

(Please Return All Copies to the
Office of the County Auditor)

For the period from _____, 20____ to _____, 20____

TO THE AUDITOR OF _____ COUNTY: _____ Date _____

TAXING DISTRICT

FEE (See the Proration Chart): _____

Pursuant to Section 5743.15 of the Ohio Revised Code, the applicant herein has paid the required fee to the County Treasurer for each place of business specified below and hereby requests a license to sell cigarettes at retail at each of those places of business:

1. Name of Dealer

(If sole owner, print individual's full name: if partnership, print full names of all partners: if corporation, print corporation's name and Ohio corporation charter number. If a foreign corporation, certificate number issued by Secretary of State authorizing transaction of business in Ohio. Section 1703.01 et seq. R.C.)

2. Trade Name (If other than above)

Sales Tax Vendor License Number

3.

4.

Federal Employer Identification Number or if
None assigned for reporting Federal Taxes
please enter your Social Security No.

EMPLOYER
IDENTIFICATION NO.

SOCIAL SECURITY NO.

5. Dealer operates as: Sole Owner Partnership Corporation Fiduciary Limited Liability or Association

6. Places of Business:  (IF VENDING MACHINES, PLACE A CHECK MARK IN THE SQUARE PRECEDING EACH SUCH PLACE OF BUSINESS)

PREVIOUS LICENSE NO.	STREET	CITY & ZIP CODE	DIST	LICENSE NO. ASSIGNED
25-				25-
25-				25-
25-				25-
25-				25-

ADDITIONAL PLACES TO BE LISTED ON SEPARATE SHEET AND ATTACHED HERETO

7) Residence Address of Dealer or Home Office of Corporation:

STREET ADDRESS CITY STATE ZIP CODE

8) If this application is for an assignment of a license previously issued to another dealer, furnish the following information concerning that dealer:

NAME BUSINESS ADDRESS CITY/STATE/ZIP CODE LICENSE NO.

9) If this application is for an assignment of a license previously issued to the applicant for a place other than that specified herein, furnish the following information concerning the former location.

STREET ADDRESS CITY/STATE/ZIP CODE COUNTY LICENSE NO.

10) Number of cigarette vending machines operated by applicant in this County:

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

SIGNATURE OF DEALER OR OFFICER OF COMPANY

ALL QUESTIONS ON THIS APPLICATION SHOULD BE FULLY ANSWERED BEFORE THE LICENSES REQUESTED HEREON ARE ISSUED

JOSEPH W. TESTA, FRANKLIN COUNTY AUDITOR – 373 SOUTH HIGH STREET 21ST FLOOR – COLUMBUS, OH 43215-6317

LICENSE INFORMATION

A cigarette dealer's license does not authorize the licensee to engage in the business of trafficking in cigarettes at any place of business in this State other than that specified thereon by the County Auditor.

Any person who employs the use of a motor vehicle to convey a supply of cigarettes from place to place for the purpose of offering such cigarettes for sale therefrom must obtain a license for each vehicle in each County in which has been issued to a dealer prior to the occurrence of any such event may not be used subsequent thereto.

A cigarette dealer's license may be assigned to a person other than that to whom it has been issued, or for a place of business in the same county other than that for which it has been issued, by filing an application therefore with the Auditor of the County in which it has been issued and payment of a one dollar fee to the Treasurer of that County.